

deeply into the muscular layers of the uterus. The capsule was incised transversely, the tumor removed, and its bed tamponed with iodoform-gauze. The bed of the tumor was obliterated by twenty-six deep and superficial catgut sutures. The peritoneal flaps were shortened and united by fine sutures. The patient made a perfect convalescence and went to term, being delivered spontaneously.

RESPIRATION IN THE NEWBORN.

DOHRN, from a series of examinations made upon newborn children to determine the extent to which respiration is carried, has found that on the average, during the first ten days of life, a child respire fifty times to the minute. There seems to be no difference between prematurely born children and those at term, or between boys and girls, in the frequency of breathing. During crying an infant inspires less frequently than during regular breathing. Inspiration and expiration during crying vary from forty-seven to sixty-two to the minute. The average movement in expiratory respiration during the first ten days of life is forty-five cubic centimetres. The amount of air changed in respiration is the same in children of both sexes, but is less in prematurely born children. The depth of respiratory movements increases from the first to the tenth day of life, so that the expiratory movements during the last few days of the ten are increased twelve cubic centimetres. The reason for this increase is found in the enlarged play of the ribs, the dilatation of the bronchial tubes, and the increased respiratory necessity of the child. The depth of respiratory movements is less in the newborn than one would expect. It is evident that the first respiratory movements do not unfold the lungs, but that this process is a very gradual one.—*Zeitschrift für Geburtshülfe und Gynäkologie*, Band xxxii. Heft 1.

ENDOMETRITIS DURING PREGNANCY.

EMANUEL and WITTKOWSKY (*Zeitschrift für Geburtshülfe und Gynäkologie*, Band xxxii. Heft 1) have made examination of the lining membrane of the uterus in cases of pregnancy complicated by endometritis, and conclude that this condition results from a previous chronic endometritis which becomes acute upon the supervention of pregnancy.

VEIT agrees with this conclusion, and calls attention to cases of myxoma of the chorion in which the decidua contains micro-organisms. He does not believe, however, that the ovum is infected and infects the mother; but, on the contrary, that myxoma of the chorion is usually caused by endometritis which has existed prior to conception.

EXTRA-UTERINE GESTATION.

A series of interesting cases is reported from the Odessa Hospital by THOMSON (*Zeitschrift für Geburtshülfe und Gynäkologie*, Band xxxii. Heft 1). In the first of these cases the ovum died at six months, and began to be discharged by ulceration into the vagina. Incision and extraction of the ovum with its appendages were followed by cure. In a second case, in the last month of pregnancy, the ovum opened the abdominal wall by ulceration,

causing in the process a fistula into the large intestine, which was subsequently closed by operation. Case III. was tubal gestation upon the right side, which recovered after operation. Case IV. was an extra-uterine gestation upon the left side in the tube, in which the ovum perished, and was gradually absorbed, the patient recovering without interference. In the last case of the series a tubal pregnancy upon the right side had ulcerated into the vagina, causing a partial stricture. From his experience Thomson concludes that one is not justified in waiting when, after rupture, a hæmatocele increases, or when the sac of the ovum becomes smaller and harder without the formation of a hæmatocele. When the fetal sac ruptures between the layers of the broad ligament the circumstances are favorable for spontaneous recovery.

THE EXPERIENCE OF THE CLINIC BAUDELLOCQUE IN SYMPHYSIOTOMY
DURING THE YEAR 1894.

Although many of these cases have been formerly reported in the *Annales de Gynécologie*, for January, 1895, PINARD, in an interesting reprint, summarizes his experience of the past year. In his clinical practice he has ceased to induce labor. He has abandoned forceps applications which require the forcible delivery of the head through the bony pelvis above the pelvic cavity, or inferior strait. He has entirely abandoned embryotomy upon the living child. In place of these operations he proposes enlarging the pelvis by severing the symphysis, or some other portion of the bony pelvis, in all cases where uterine contractions do not overcome the resistance of the bony pelvis, and where pelvimetry shows that there is reason to believe that after the pelvis is opened its diameters will be sufficiently large to permit the extraction of a child at term. Where, however, after section of the pelvis sufficient will not be gained to permit the birth of a living child, he believes in practising abdominal incision, the extraction of the child by incision into the uterus, followed by hysterectomy, with the removal of the tubes and ovaries. There were twenty-two symphysiotomies at the clinic: nine done by Pinard, five by Varnier, six by Wallich, and two by Saint-Blaise. Thirteen of these patients were primiparæ, nine multigravidæ. In seventeen the child presented by the vertex, twice by the breech, once by the shoulder, once a brow presentation, and once a face presentation. In twenty cases the pelvis was rhachitic. In one, rhachitic with a congenital luxation of the femur, and in one case there was spondylolisthesis. One patient had symphysiotomy performed for the second time. Among these mothers there were three deaths; one from intestinal obstruction, caused by a fibrous band. Two patients died of sepsis who had been in labor some time before admission, and had been infected with sepsis before going into the clinic. None of these cases was complicated by hemorrhage. Although on several occasions slight injury to the anterior vaginal wall occurred at the moment of delivery, these injuries were not serious, and are easily avoided by dilating the vagina thoroughly with the De Ribes's elastic bag before symphysiotomy is performed. Pinard also hastened dilatation of the cervix in several cases by performing symphysiotomy early in labor, and thus bringing the head against the cervix to complete its opening. No after-complications were observed in these cases, the patients regaining their health and power to work.